Entered - 12/18/98 - sb
CL98L0817 - DIANNE C. MITCHELL

CLAIM OF: **ORLANDO B. SEABORN**
                2506 Barge Road
                Atlanta, Georgia 30331

00-_ℓ_-1755

For damages alleged to have been sustained as a result of vehicular damage due to rocks thrown by City vehicle on September 25, 1998 at Greenbriar Parkway and Highway 166.

THIS ADVERSED REPORT IS APPROVED

BY: _Rosalind Rubens Newell_

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. __98L0817__   Date: ___October 17, 2000___

Claimant /Victim _____ **ORLANDO B. SEABORN** _____
BY: (Atty) (Ins. Co.) _____
Address:_____ 2506 Barge Road, Atlanta, Georgia 30331 _____
Subrogation: _____ Claim for Property damage $ __977.70_____ Bodily Injury $ _____
Date of Notice: ____12/08/98_____ Method: Written, proper____X_____ Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____X_____ Ante Litem (6 Mo.)____X____
Date of Occurrence __09/25/98_____ Place: __Greenbriar Parkway and Highway 166___
Department ___Police_____ Division:_____
Employee involved _Unknown_____ Disciplinary Action: _____

NATURE OF CLAIM: __The claimant alleges that his vehicle was damaged due to rocks thrown by a City vehicle.
However, the claimant has failed to furnish information necessary to substantiate his claim.__

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police ___X___ Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver_____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental_____X_____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other ___X___ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent_____Joint_____ Claim Abandoned _____X_____

Respectfully submitted,

INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay $ _____ Adverse __X___ Account charged: 1A01_____ 2J01_____ 2H01_____
Claims Manager: _____ Concur/date __10/7/?0_____
Committee Action:_____ Council Action _____

FORM 23-61